

Lincoln Police Department  
Thomas K. Casady, Chief of Police  
575 South 10th Street  
Lincoln, Nebraska 68508

402-441-7204  
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

August 21, 2008

Mayor Beutler and City Council  
City of Lincoln  
City County Building  
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Wal-Mart Supercenter #3823, 3400 North 85<sup>th</sup> Street requesting a class D liquor license.

Jolene Bartling has requested that she be approved as the manager of the liquor license.

Background information on the applicant will be omitted as Ms. Bartling was approved by the Council February 2005 as a liquor manager for Wal-Mart.

Jolene Bartling completed the required RHC training on 5-8-2008.

Stockholder information has been included for your review.

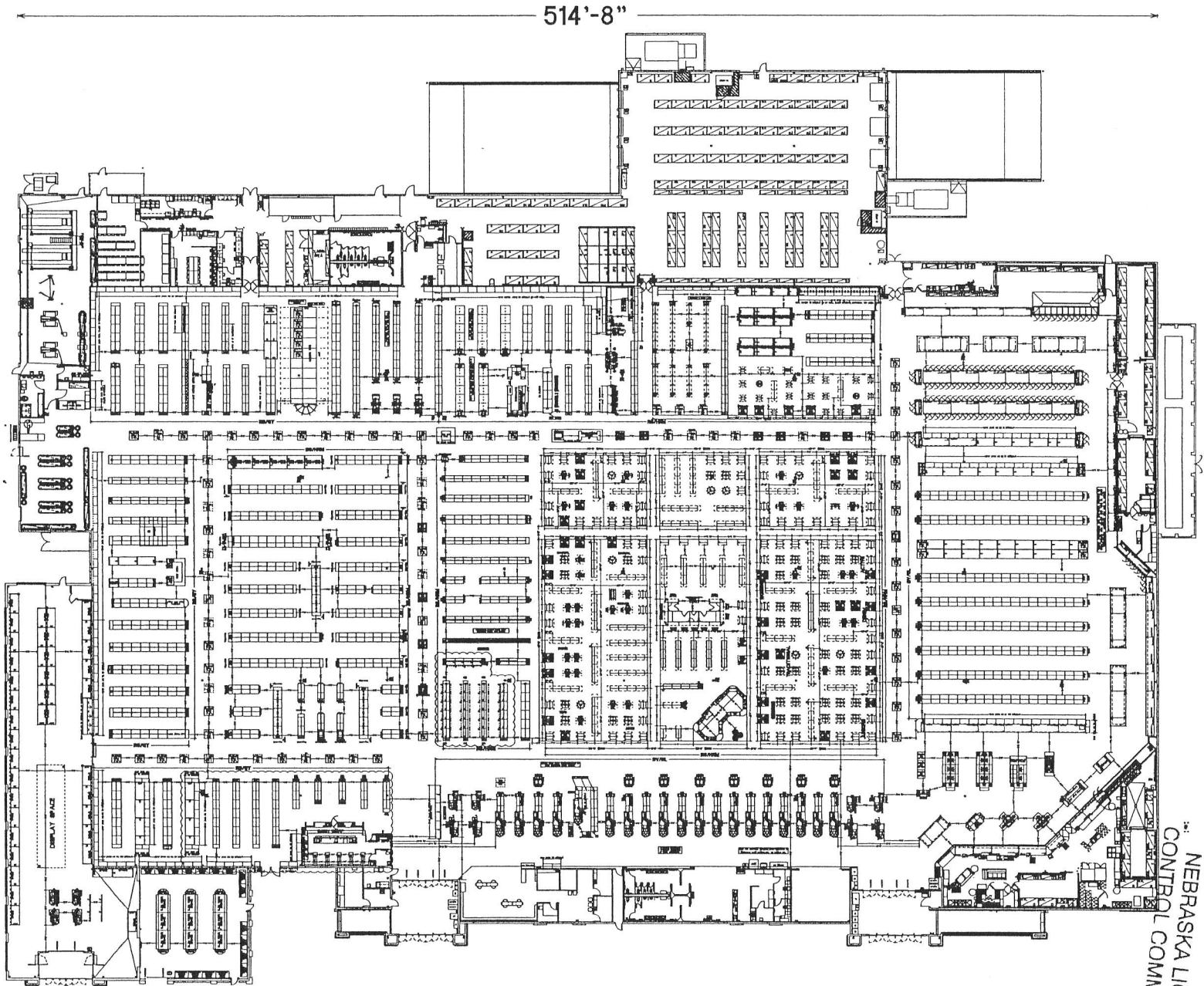
If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency





101'-0"

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AUG 04 2008

NEBRASKA LIQUOR  
CONTROL COMMISSION

# APPLICATION FOR LIQUOR LICENSE

301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: www.lcc.ne.gov/

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NEBRASKA LIQUOR  
CONTROL COMMISSION

## CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES CHECK DESIRED CLASS(S)

### RETAIL LICENSE(S)

- |                                     |   |   |         |
|-------------------------------------|---|---|---------|
| <input type="checkbox"/>            | A | BEER, ON SALE ONLY                            | \$45.00 |
| <input type="checkbox"/>            | B | BEER, OFF SALE ONLY                           | \$45.00 |
| <input type="checkbox"/>            | C | BEER, WINE & DISTILLED SPIRITS, ON & OFF SALE | \$45.00 |
| <input checked="" type="checkbox"/> | D | BEER, WINE & DISTILLED SPIRITS, OFF SALE ONLY | \$45.00 |
| <input type="checkbox"/>            | I | BEER, WINE & DISTILLED SPIRITS, ON SALE ONLY  | \$45.00 |

Class K Catering license may be added to any of these classes with the filing of the appropriate form and fee of \$100.00

### MISCELLANEOUS

- |                          |   |                          |                        |                       |
|--------------------------|---|--------------------------|------------------------|-----------------------|
| <input type="checkbox"/> | L | Craft Brewery (Brew Pub) | \$295.00               | \$1,000 minimum bond  |
| <input type="checkbox"/> | O | Boat                     | \$ 95.00               |                       |
| <input type="checkbox"/> | V | Manufacturer             | \$ 45.00(+license fee) | \$10,000 minimum bond |
| <input type="checkbox"/> | W | Wholesale Beer           | \$545.00               | \$5,000 minimum bond  |
| <input type="checkbox"/> | X | Wholesale Liquor         | \$795.00               | \$5,000 minimum bond  |
| <input type="checkbox"/> | Y | Farm Winery              | \$295.00               | \$1,000 minimum bond  |
| <input type="checkbox"/> | Z | Micro Distillery         | \$295.00               | \$1,000 minimum bond  |

All Class C licenses expire October 31<sup>st</sup>

All other licenses expire April 30<sup>th</sup>

Catering expire same as underlying retail license

## TYPE OF APPLICATION BEING APPLIED FOR (CHECK ONE)

- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/>            | Individual License (requires insert form 1)       |
| <input type="checkbox"/>            | Partnership License (requires insert form 2)      |
| <input checked="" type="checkbox"/> | Corporate License (requires insert form 3a & 3c)  |
| <input type="checkbox"/>            | Limited Liability Company (requires form 3b & 3c) |

## NAME OF PERSON OR FIRM ASSISTING WITH APPLICATION

(commission will call this person with any questions we may have on this application)

Name Stephanie Dzalak

Phone number: 479-277-8354

Firm Name Wal-Mart Stores, Inc.

**PREMISE INFORMATION**

Trade Name (doing business as) Wal-Mart Supercenter #3823

Street Address #1 3400 North 85th Street

✓ Street Address #2 \_\_\_\_\_

City Lincoln County Lancaster #2 Zip Code 68507

Premise Telephone number 402-466-0447

Is this location inside the city/village corporate limits: ☒ YES ☐ NO

Mail address (where you want receipt of mail from the commission) City

Name Wal-Mart Stores, Inc.

✓ Street Address  
#1 702 SW 8th Street

Street Address  
#2 \_\_\_\_\_

City Bentonville County Benton Zip Code 72716-0500

**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED**

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

See attached



# APPLICANT INFORMATION

## 1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

- ☒ Yes If yes, please explain below or attach a separate page.  
☐ No

See attached list of violations

2. Are you buying the business and/or assets of a licensee? If yes, submit a copy of the sales agreement with a listing of assets being acquired including liquor inventory (name brand and container size required). Liquor Inventory may be taken at time of application being submitted.

- ☐ Yes  
Current business name and license number \_\_\_\_\_  
☒ No

3. Are you filing a temporary agency agreement, Commission form 4231, whereby current licensee allows you to operate on their license. If yes, attach agreement. Please note: This agreement is not effective until Commissions assigns you a 3-digit ID number.

- ☐ Yes  
☒ No

4. Are you borrowing any money from any source to establish and/or operate the business? If yes, list the lender.

- ☐ Yes  
☒ No

5. Will any person or entity other than applicant be entitled to a share of the profits of this business? If yes, explain. All involved members must be disclosed on application.

☐

Yes

☒

No

6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others? If yes, list such items and the owner.

☐

Yes

☒

No

7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business? If yes, explain? (No silent partners)

☐

Yes

☒

No

8. Are the premises to be licensed within 150 ft of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 ft of a college or university campus? If yes, list the name of such institution and where it is located in relation to the premises. Neb. Rev. Stat. 53-177.

☐

Yes

☒

No

9. Is anyone listed on this application a law enforcement officer? If yes, list the person, the law enforcement agency involved and the person's exact duties.

☐

Yes

☒

No

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the individual(s) who will be authorized to write checks and/or make withdrawals on accounts at the institutions.

See attached for response

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reasons for termination of any licenses previously held.

See attached list

12. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations.

Jolene Bartling / aver. 52 hours per

13. List the training or experience (when and where) of the person listed in #12 above in connection with selling and/or serving alcohol products.

Store Mgr @ Wal-Mart Supercenter #1943, Lincoln, NE (2004-08) - Str. holds NE Class D license  
Co-Mgr @ Wal-Mart Supercenter #598, Kearney, NE (1999-2002) - Str. holds NE Class D license  
Took Hospitality Class required in Lincoln 2 times - 2004 & 2008

14. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.

☐ Lease: expiration date \_\_\_\_\_  
☒ Deed \_\_\_\_\_  
☐ Purchase Agreement \_\_\_\_\_

15. When do you intend to open for business? October 29, 2008

16. What will be the main nature of business? What are the anticipated hours of operation?

Retail Discount Merchandiser with full line grocery 24 hrs day / 7 days a week

17. List the principal residence(s) for the past 10 years for all persons required to sign application, including spouses. If necessary attach a separate sheet.

Applicant Name	From: Year	To: Year	City/State
See attached			

The undersigned applicant(s) hereby consent(s) to a background investigation and release present & future records of every kind and description including police records, tax records (State and Federal), bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance

of the application investigation or any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules, regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock) and spouses. Full (birth) names only, no initials.

  
(sign here)  
Harold Lee Scott, Jr.- President and CEO

  
(sign here) Linda Gale Scott

(sign here)  
John Peter Suarez, SR VP of Asset Protection & Compliance

(sign here) Natalie Jane Suarez

(sign here)  
Rickv Wayne Brazile, VP of Finance

(sign here) Sheryl Dee Brazile

(sign here)  
Thomas C. Gean-Assistant Secretary


(sign here) Annette Pearson Gean

(sign here)

(sign here)

Subscribed in my presence and sworn to before me this

31<sup>st</sup> day of July, 2008

  
Notary Public Signature & Seal

In compliance with the ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

FORM 35-4010  
REV. 4/05

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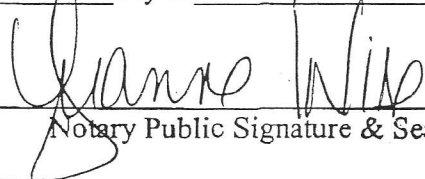
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(sign here) Harold Lee Scott, Jr.- President and CEO	(sign here) Linda Gale Scott
(sign here) John Peter Suarez, SR VP of Asset Protection & Compliance	(sign here) Natalie Jane Suarez
<i>[Signature: Rick W. Brazile]</i> (sign here) Rickv Wayne Brazile. VP of Finance	<i>[Signature: Sheryl D. Brazile]</i> (sign here) Sheryl Dee Brazile
(sign here) Thomas C. Gean-Assistant Secretary	(sign here) Annette Pearson Gean
(sign here)	(sign here)

Subscribed in my presence and sworn to before me this

31<sup>st</sup> day of July, 2008

*[Signature: Channe W. ...]*  
Notary Public Signature & Seal

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REV. 4/05

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(sign here)  
Harold Lee Scott, Jr.- President and CEO

(sign here) Linda Gale Scott

(sign here)  
John Peter Suarez, SR VP of Asset Protection & Compliance

(sign here) Natalie Jane Suarez

(sign here)  
Ricky Wayne Brazile, VP of Finance

(sign here) Sheryl Dee Brazile

(sign here)  
Thomas C. Gean- Assistant Secretary

(sign here) Annette Pearson Gean

(sign here)

(sign here)

Subscribed in my presence and sworn to before me this

31<sup>st</sup> day of July, 2008

Notary Public Signature & Seal

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FORM 35-4010  
REV. 4/05



**MANAGER APPLICATION  
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

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NEBRASKA LIQUOR  
CONTROL COMMISSION

Corporate manager, including their spouse, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006)
- 3) Must provide a copy of their certified birth certificate or INS papers
- 4) Must submit their fingerprints (2 cards per person)
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

**Corporation/LLC information**

Name of Corporation/LLC: Wal-Mart Stores, Inc.

**Premise information**

Premise License Number: \_\_\_\_\_

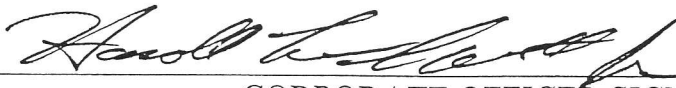
Premise Trade Name/DBA: Wal-Mart Stores, Inc./DBA Wal-Mart Supercenter #3823

Premise Street Address: 3400 North 85th Street

City: Lincoln State: NE Zip Code: 68507

Premise Phone Number: 402-466-0447

**The individual whose name is listed in the president or contact member category on either insert form 3a or 3b must sign their name below.**



CORPORATE OFFICER SIGNATURE HAROLD LEE SCOTT, JR.  
(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: ☐ MALE ☒ FEMALE

Last Name: Bartling First Name: Jolene MI: A *BL*

Home Address (include PO Box if applicable): 5331 North 15th Street

City: Lincoln State: NE Zip Code: 68521

Home Phone Number: 402-742-4241 Business Phone Number: 402-466-0447

Social Security Number \_\_\_\_\_ Drivers License Number & State: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Place Of Birth: Beatrice, NE

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☒ YES

☐ NO

Spouse's information *SPOUSAL*

Spouses Last Name: Bartling First Name: Allen  
MI: D

Social Security Number: \_\_\_\_\_ Drivers License Number & State: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Place Of Birth: Sidney, NE

**APPLICANT AND SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST 10 YEARS**

**APPLICANT**

**SPOUSE**

CITY & STATE	YEAR FROM TO		CITY & STATE	YEAR FROM TO	
Lincoln, NE	2004	2008	Lincoln, NE	2004	2008
Ames, IA	2002	2004	Ames, IA	2002	2004
Ellsworth, IA	2002	2002	Ellsworth, IA	2002	2002
Kearney, NE	1972	2002	Kearney, NE	1972	2002

**MANAGER'S LAST TWO EMPLOYERS**

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1984	presnt	Wal-Mart Stores, Inc.	Mike Graddy	308-236-6263
1984	1984	Bob's Super Store	Ron Larson	unknown

Manager and spouse must review and answer the questions below  
PLEASE PRINT CLEARLY

1. READ PARAGRAPH CAREFULLY AND ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. **If more than one party, please list charges by each individual's name.**

☐ YES

☒ NO

If yes, please explain below or attach a separate page.

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? **IF YES**, list the name of the premise.

☒ YES

☐ NO

WAL-MART SUPERCENTER #1943  
4700 N. 27th STREET  
LINCOLN, NE 68521

3. Do you, as a manager, have all the qualifications required to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)

☒ YES

☐ NO

4. Have you filed the required fingerprint cards and **PROPER FEES** with this application? (The check or money order must be made out to the **Nebraska State Patrol for \$38.00 per person**)

☒ YES

☐ NO

prints enclosed

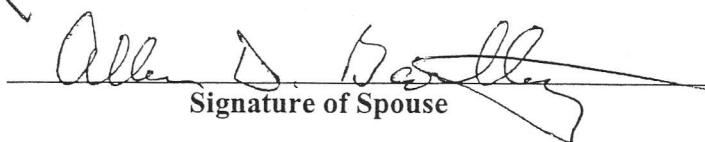
## PERSONAL OATH AND CONSENT OF INVESTIGATION

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has **NO** interest directly or indirectly, a spousal affidavit of non participation may be attached.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.

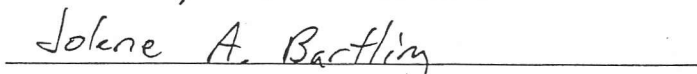
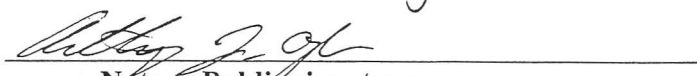
  
Signature of Manager Applicant

  
Signature of Spouse

State of Nebraska


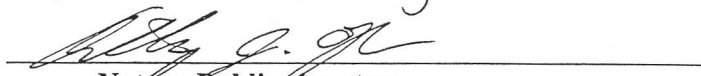
County of Lancaster

The foregoing instrument was acknowledged before me this July 26, 2008 by

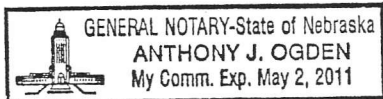
  
  
Notary Public signature

County of Lancaster

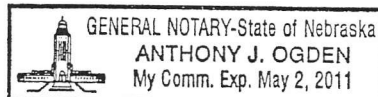
The foregoing instrument was acknowledged before me this July 26, 2008 by

  
  
Notary Public signature

Affix Seal Here



Affix Seal Here



# **SPOUSAL AFFIDAVIT OF NON PARTICIPATION INSERT**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

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AUG 04 2008

NEBRASKA LIQUOR  
CONTROL COMMISSION

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

Allen D. Bartling  
Signature of spouse asking for waiver  
(Spouse of individual listed below)

Allen D. Bartling  
Printed name of spouse asking for waiver

State of Nebraska

County of Lancaster

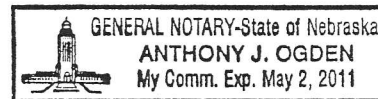
July 26, 2008  
date

Anthony J. Ogden  
Notary Public signature

The foregoing instrument was acknowledged before me this

by Allen D. Bartling  
name of person acknowledged

Affix Seal



I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

Jolene A. Bartling  
Signature of individual involved with application  
(Spouse of individual listed above)

Jolene A. Bartling  
Printed name of applying individual

State of Nebraska

County of Lancaster

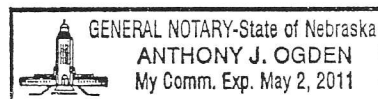
July 26, 2008  
date

Anthony J. Ogden  
Notary Public signature

The foregoing instrument was acknowledged before me this

by Jolene A. Bartling  
name of person acknowledged

Affix Seal



In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.



WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA STATE DEPARTMENT OF HEALTH, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF AN ORIGINAL RECORD ON FILE WITH THE STATE DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE

JAN 13 1993

LINCOLN, NEBRASKA

*Stanley S. Cooper*

STANLEY S. COOPER, DIRECTOR  
BUREAU OF VITAL STATISTICS

AUG 04 2008

NEBRASKA LIQUOR  
CONTROL COMMISSION

PHS-796(VS)  
REV. 4-48  
FEDERAL SECURITY AGENCY  
PUBLIC HEALTH SERVICE

STATE OF NEBRASKA  
DEPARTMENT OF HEALTH  
Bureau of Vital Statistics  
CERTIFICATE OF LIVE BIRTH

51-001290

BIRTH No. 126.....

1. PLACE OF BIRTH a. COUNTY <u>Gage</u> b. CITY (If outside corporate limits, write RURAL) OR TOWN <u>Beatrice</u> c. FULL NAME OF (If NOT in hospital or institution, give street HOSPITAL OR address or location) INSTITUTION <u>Lutheran Hospital</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Nebraska</u> b. COUNTY <u>Gage</u> c. CITY (If outside corporate limits, write RURAL) OR TOWN <u>DeWitt</u> <u>Rural</u> d. STREET ADDRESS (If rural, give location)	
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3. CHILD'S NAME (Type or print)		a. (First) <u>Jolene</u>	b. (Middle) <u>Ann</u>	c. (Last) <u>Wollenburg</u>
4. SEX <u>Female</u>	5a. THIS BIRTH Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	5b. If TWIN OR TRIPLET (This child born) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>		6. DATE (Month) (Day) (Year) OF BIRTH

7. FULL NAME a. (First) <u>Eldon</u>		b. (Middle)	c. (Last) <u>Wollenburg</u>	8. COLOR OR RACE <u>White</u>
9. AGE (At time of this birth) Yrs. <u>7</u>	10. BIRTHPLACE (City, town, or county) (State or foreign country) <u>DeWitt, Nebraska</u>	11a. USUAL OCCUPATION <u>Farmer</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	

12. FULL MAIDEN NAME a. (First) <u>Arlene</u>		b. (Middle)	c. (Last) <u>Bergmeier</u>	13. COLOR OR RACE <u>White</u>
14. AGE (At time of this birth) Yrs. <u>3</u>	15. BIRTHPLACE (City, town or county) (State or foreign country) <u>DeWitt, Nebraska</u>	16. Children Previously Born to This Mother (Do NOT include this child) a. How many OTHER children are now living? <u>0</u> b. How many OTHER children were born alive but are now dead? <u>0</u> c. How many children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>		
17. INFORMANT'S SIGNATURE OR NAME—Relationship <u>Mrs. Eldon Wollenburg—Mother</u>				

I hereby certify that this child was born alive on the date stated above at <u>9:55 A.m.</u>	18a. SIGNATURE <u>R. Brown &amp; M.D.</u>	18b. ATTENDANT AT BIRTH M. D. <input checked="" type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify)
	18c. ADDRESS <u>Beatrice, Nebraska</u>	19. MOTHER'S MAILING ADDRESS <u>DeWitt, Nebraska</u>
20. DATE REC'D BY LOCAL REG. <u>JAN 24 1951</u>	21. REGISTRAR'S SIGNATURE <u>A. J. Sherman</u>	

*OK*

APPLICATION FOR LIQUOR LICENSE  
CORPORATION  
INSERT - FORM 3a

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

Office Use

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NEBRASKA LIQUOR  
CONTROL COMMISSION

Officers, directors and stockholders holding over 25%, including spouses, are required to adhere to the following requirements

- 1) The president and stockholders holding over 25% and their spouse (if applicable) must submit their fingerprints (2 cards per person)
- 2) All officers, directors and stockholders holding over 25 % and their spouse (if applicable) must sign the signature page of the Application for License form (Even if a spousal affidavit has been submitted)

Attach copy of Articles of Incorporation (Articles must show barcode receipt by Secretary of States Office)

Name of Registered Agent: CT Corporation System, Lincoln NE

Name of Corporation that will hold license as listed on the Articles

Wal-Mart Stores, Inc.

Corporation Address: 702 SW 8th Street

City: Bentonville State: AR Zip Code: 72716-0500

Corporation Phone Number: 479-277-8354 Fax Number 479-204-9864

Total Number of Corporation Shares Issued: approximately 3,973,000,000

Name and notarized signature of president (Information of president must be listed on following page)

Last Name: Scott, Jr. First Name: Harold MI: L

Home Address: 61 Champions Blvd. City: Rogers

State: AR Zip Code: 72758 Home Phone Number: 479-204-2224



Signature of president

State of ~~Nebraska~~ Arkansas  
County of Benton

The foregoing instrument was acknowledged before me this

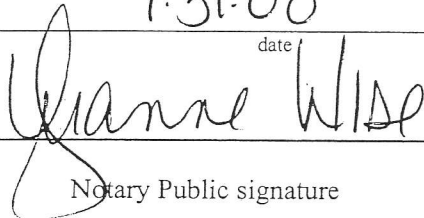
7.31.08

date

by

HAROLD LEE SCOTT JR.

name of person acknowledged



Notary Public signature

Affix Seal Here



List names of all officers, directors and stockholders including spouses (Even if a spousal affidavit has been submitted)

Last Name: Scott First Name: Harold MI: Lee

*sign*

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: President & CEO Number of Shares Less than 1%

Spouse Full Name (indicate N/A if single): Linda Gale

*spouse*

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: ( \_\_\_\_\_ )

Last Name: Gean First Name: Thomas MI: C

*sign*

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: Assistant Secretary Number of Shares Less than 1%

Spouse Full Name (indicate N/A if single): Annette

*spouse*

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Last Name: Brazile First Name: Ricky MI: W

*sign*

Social Security Number \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: Vice President of Finance Number of Shares Less than 1%

Spouse Full Name (indicate N/A if single): Sheryl

*spouse*

Spouse Social Security Number \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Last Name: Suarez First Name: John MI: P

*sign*

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: Sr. VP and General Counsel Number of Shares Less than 1%

Spouse Full Name (indicate N/A if single): Natalie

*spouse*

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Is the applying Corporation controlled by another Corporation?

☐ YES

☒ NO

If yes, provide the name of corporation and supply an organizational chart

---

Indicate the Corporation's tax year with the IRS (Example January through December)

Starting Date: 2/1 Ending Date: 1/31

---

Is this a Non-Profit Corporation?

☐ YES

☒ NO

If yes, provide the Federal ID #.

---

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NEBRASKA LIQUOR  
CONTROL COMMISSION

NEBRASKA LIQUOR CONTROL COMMISSION  
AFFIDAVIT OF NON PARTICIPATION

The undersigned individual acknowledges that he/she will have no interest, directly or indirectly, in the operation or profit of the business, as prescribed in Section §53-125(13) of the Liquor Control Act. Such individual shall not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices, represent themselves as owner or in any way participate in the day to day operations in any capacity. Undersigned will also be waived of filing fingerprint cards, however, has disclosed any violation(s) on application.

Linda Gale Scott  
Signature of Spouse Linda Gale Scott-Spouse

SUBSCRIBED in my presence and sworn to before me this 29th day  
of July, 2008.

[Signature]  
Signature of Notary Public

The licensee/applicant understands that he/she is responsible for compliance with the conditions set out above, and that if such terms are violated, the Commission may cancel or revoke the license.

[Signature]  
Signature of licensee/applicant

Harold Lee Scott, Jr.  
Print name of licensee/applicant  
Harold Lee Scott, Jr., President and CEO

SUBSCRIBED in my presence and sworn to before me this 29th day  
of July, 2008.


[Signature]  
Signature of Notary Public

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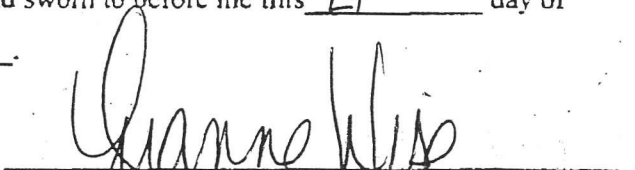
AUG 04 2008

NEBRASKA LIQUOR CONTROL COMMISSION  
AFFIDAVIT OF NON PARTICIPATION

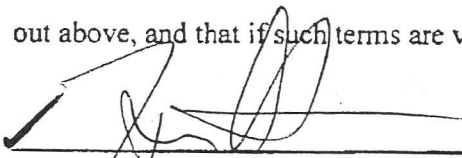
The undersigned individual acknowledges that he/she will have no interest, directly or indirectly, in the operation or profit of the business, as prescribed in Section §53-125(13) of the Liquor Control Act. Such individual shall not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices, represent themselves as owner or in any way participate in the day to day operations in any capacity. Undersigned will also be waived of filing fingerprint cards, however, has disclosed any violation(s) on application.

  
Annette Pearson Gean  
Signature of Spouse

SUBSCRIBED in my presence and sworn to before me this 29th day of July, 2008.

  
Signature of Notary Public

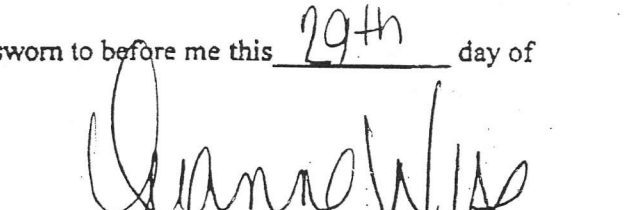
The licensee/applicant understands that he/she is responsible for compliance with the conditions set out above, and that if such terms are violated, the Commission may cancel or revoke the license.

  
Signature of Licensee/Applicant

Tom Gean - Assistant Secretary

Print Name of Licensee/Applicant

SUBSCRIBED in my presence and sworn to before me this 29th day of July, 2008.

  
Signature of Notary Public

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NEBRASKA LIQUOR CONTROL COMMISSION  
AFFIDAVIT OF NON PARTICIPATION

NEBRASKA LIQUOR  
CONTROL COMMISSION

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Sheryl D. Brazile  
Signature of Spouse Sheryl Dee Brazile-Spouse

SUBSCRIBED in my presence and sworn to before me this 29th day  
of July, 2008.

Quanno Wisp  
Signature of Notary Public

The licensee/applicant understands that he/she is responsible for compliance with the conditions set out above, and that if such terms are violated, the Commission may cancel or revoke the license.

Ricky W. Brazile  
Signature of licensee/applicant

Ricky W. Brazile  
Print name of licensee/applicant  
Ricky W. Brazile-VP of Finance

SUBSCRIBED in my presence and sworn to before me this 29th day  
of July, 2008.

Quanno Wisp  
Signature of Notary Public

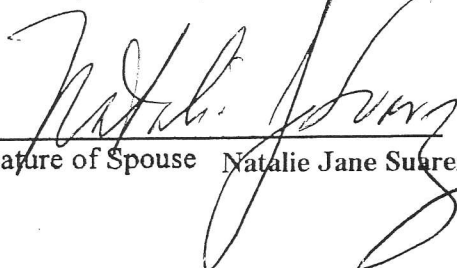
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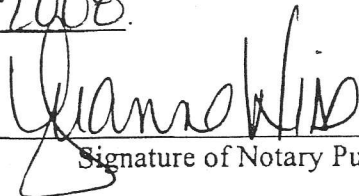
NEBRASKA LIQUOR CONTROL COMMISSION  
AFFIDAVIT OF NON PARTICIPATION

NEBRASKA LIQUOR  
CONTROL COMMISSION

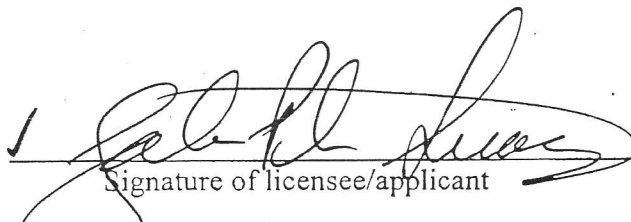
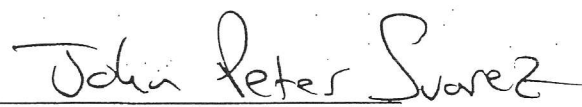
The undersigned individual acknowledges that he/she will have no interest, directly or indirectly, in the operation or profit of the business, as prescribed in Section §53-125(13) of the Liquor Control Act. Such individual shall not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices, represent themselves as owner or in any way participate in the day to day operations in any capacity. Undersigned will also be waived of filing fingerprint cards, however, has disclosed any violation(s) on application.

1   
Signature of Spouse Natalie Jane Suarez-Spouse

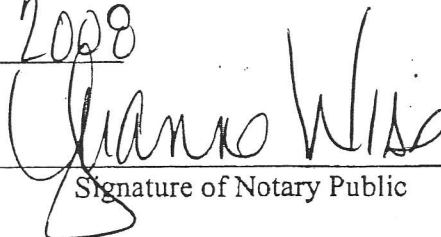
SUBSCRIBED in my presence and sworn to before me this 29<sup>th</sup> day  
of July, 2008.

  
Signature of Notary Public

The licensee/applicant understands that he/she is responsible for compliance with the conditions set out above, and that if such terms are violated, the Commission may cancel or revoke the license.

1  1   
Signature of licensee/applicant Print name of licensee/applicant  
John Peter Suarez, SR VP of Asset Protection and Compliance

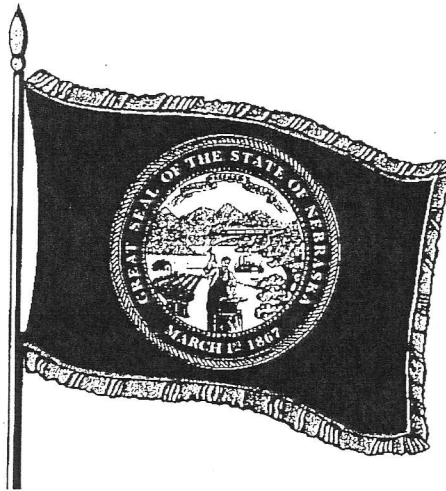
SUBSCRIBED in my presence and sworn to before me this 29<sup>th</sup> day  
of July, 2008

  
Signature of Notary Public

STATE OF

NEBRASKA

United States of America,  
State of Nebraska } ss.



Department of State  
Lincoln, Nebraska

I, John A. Gale, Secretary of State of Nebraska do hereby certify;

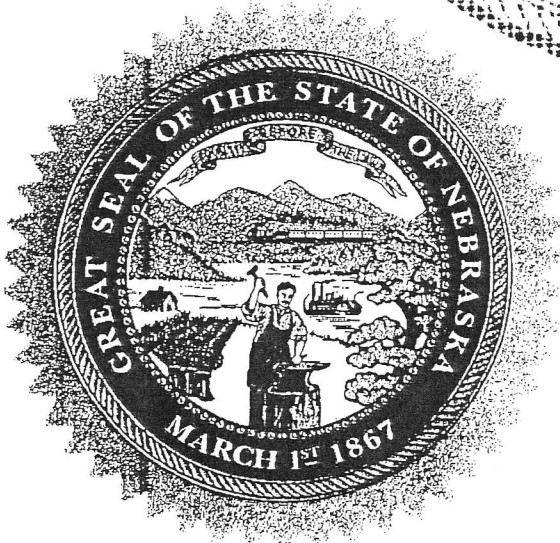
WAL-MART STORES, INC.

a Delaware corporation, was duly authorized to transact business in  
this state on March 31, 1981.

I further certify that no occupation taxes assessed are unpaid and no  
biennial reports are delinquent; and said corporation is in existence as  
of the date of this certificate.

In Testimony Whereof, I have hereunto set my hand and  
affixed the Great Seal of the State  
of Nebraska on July 9, 2008.

John A. Gale  
SECRETARY OF STATE



This certificate is not to be construed as an endorsement,  
recommendation, or notice of approval of the entity's  
financial condition or business activities and practices.



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NEBRASKA LIQUOR  
CONTROL COMMISSION

Form No. 1-77

**APPLICATION FOR  
CERTIFICATE OF  
AUTHORITY TO TRANSACT BUSINESS  
IN THE STATE OF NEBRASKA**

Secretary of State, Suite 2300 State Capitol, Lincoln, Nebraska 68509

21-20,110. The original and duplicate copy of the application of the corporation for a certificate of authority shall be delivered to the Secretary of State, together with a certificate from the Secretary of State or other proper officer of the state, territory, district, or country under the laws of which such foreign corporation is formed, setting forth that such corporation has complied with the laws of such state, territory, district, or country relative to the formation of corporations of its kind, and is a regularly and properly organized corporation thereunder, and the certificate from the Secretary of State or other proper officer shall not bear a date of more than thirty days prior to the date the application is filed in Nebraska.

(NOTE — Certified copy of articles in incorporation or charter should not be submitted and are not acceptable in lieu of such certificate).

KNOW ALL MEN BY THESE PRESENTS:

WAL-MART STORES, INC.

is organized under the laws of the State of Delaware  
and was incorporated on the 31 day of October 1969 and the period of duration  
shall be perpetual

The principal office of said corporation is located at 702 S.W. 8th St.  
Bentonville Arkansas 72712  
City State Zip

Pursuant to the Nebraska Business Corporation Act for authority to transact business in Nebraska said foreign corporation states that the acts herein designated were authorized by the managing officers of said corporation.

The registered office of this corporation in Nebraska shall be 206 South 13th Street, Suite 1500,  
c/o C T Corporation System, Lincoln, Lancaster, Nebraska 68508  
Street Address\* City County Zip Code  
and the registered agent at such address shall be C T CORPORATION SYSTEM  
Name of registered agent

\*Address shall be complete, using full street address. Box number is acceptable only in those cases where street addresses are not available.

IN TESTIMONY WHEREOF, the signatures and corporate seal of the said corporation have been affixed by its duly authorized officers this 17th day of March, 1981

WAL-MART STORES, INC.

further states

that any process, or other legal notice of the commencement of any legal proceeding or the prosecution thereof, that may be served upon C T CORPORATION SYSTEM as Registered Agent, shall constitute valid service upon the corporation, and such authority shall continue so long as liability exists against the corporation in the State of Nebraska.

FILING FEE: \$84.00

SIGNATURE OF AT LEAST TWO OFFICERS REQUIRED:  
and one of such signatures shall be notarized

(corporate seal)

State of Arkansas )  
County of Benton ) ss.

Kenneth Folkerts  
President or a Vice President  
Kenneth Folkerts, V. P. and Treasurer  
above signature typewritten form  
David R. Laney  
Secretary or an Assistant Secretary  
David R. Laney  
above signature typewritten form

Kenneth Folkerts being first duly sworn on oath deposes  
and says that (he) (she) is the Vice President and Treasurer of the above named corporation  
and that (he) (she) has read the foregoing application, knows the contents thereof and that the statements therein contained are true as (he) (she) verily believes.

Subscribed and sworn to before me this 17th day of March 1981  
Notarial Seal Judith Ann Smith  
My commission expires October 8 1983  
(NEB. - 1580 - 7/10/79)

961